



June 29, 2017

CONFIDENTIAL FILING

VIA OVERNIGHT DELIVERY

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, D.C. 20554

**RE: Castleberry Telephone Company, Inc.'s Confidential Financial Information
Subject to Protective Order;
In re (WC Docket Nos. 14-58, 10-90).**

Dear Ms. Dortch:

In conjunction with the annual reporting requirements of 47 C.F.R. §§ 54.313 and 54.422, Castleberry Telephone Company, Inc., rate of return carrier and a recipient of high cost support, respectfully submits the enclosed, marked confidential information under seal, as specified in the FCC's Protective Order of November 16, 2012 ("Protective Order") (WC Docket Nos. 14-58, 10-90), and 47 C.F.R. §§ 0.459, and requests confidential treatment of said information. Castleberry Telephone Company, Inc. has electronically filed FCC Form 481 to the Commission with redacted Line 3005 financial data.

The confidential information is required by 47 C.F.R. § 54.313(f)(2) and includes detailed financial information that is competitively sensitive and would not normally be made available for public inspection. Disclosure of this information would have a substantial negative impact on Castleberry Telephone Company, Inc. Pursuant to 47 C.F.R. § 0.049(b), Castleberry Telephone Company provides the following information in support of its request that the confidential material enclosed herein be withheld from public inspection.

47 C.F.R. § 0.049(b)(1). Exemption 4 of the Freedom of Information Act ("FOIA") protects "trade secrets and commercial or financial information obtained from a person [that is] privileged or confidential." Castleberry Telephone Company, Inc. maintains this information is confidential, competitively sensitive data not normally made available to the public, which, if released, would have a substantial, negative competitive impact on Castleberry Telephone Company, Inc. Each page of the non-redacted version of this filing containing confidential information is marked as "CONFIDENTIAL FINANCIAL INFORMATION SUBJECT TO PROTECTIVE ORDER."

47 C.F.R. § 049(b)(2). This information is being submitted in compliance with 47 C.F.R. § 54.313(f)(2) and is to be filed in WC Docket No. 10-90. Privately-held rate of return carriers that receive high cost support must complete the FCC Form 481, to include “[a] full and complete annual support of the company’s financial condition and operations as of the end of the preceding fiscal year.” Castleberry Telephone Company, Inc. is requesting that portions of this information be afforded confidential treatment.

47 C.F.R. § 049(b)(3). The information designated as confidential is detailed financial information including a balance sheet, income statement, and cash flow statement that is competitively sensitive information not normally made available to the public, which, if released, would have a substantial, negative competitive impact on Castleberry Telephone Company, Inc.

47 C.F.R. § 049(b)(4)&(5). Such financial information is generally not subject to routine public inspection under 47 C.F.R. § 0.457(d), which would subject Castleberry Telephone Company, Inc. to substantial competitive harm.

47 C.F.R. § 049(b)(6)&(7). Castleberry Telephone Company, Inc. has routinely treated the non-public information included in this submission as confidential and has protected it from disclosure to outside parties. Any financial information required to be submitted to state regulatory authorities has also been filed as confidential information, in accordance with state rules and/or statutes.

47 C.F.R. § 049(b)(8). Castleberry Telephone Company, Inc. believes that this information should be treated as confidential for a minimum period of ten years.

As required in the Protective Order, one copy of the redacted confidential information is being filed simultaneously with the non-redacted confidential information, marked as “REDACTED – AVAILABLE FOR PUBLIC INSPECTION.” The redacted version is also being filed through the FCC’s Electronic Comment Filing System.

Questions regarding this matter should be addressed to me at 334.240.3684.

Sincerely,

Jackson Thornton


Rich Compton

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Homer Holland
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	homer@cbtelco.com
Form Type		54.313 and 54.422

R

(300) Unfulfilled Service Request
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	250285
<015> Study Area Name	CASTLEBERRY TEL CO
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Homer Holland
<035> Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com

<300> Unfulfilled service request (voice)

0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

0

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Homer, Hollis
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@castleberry.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
		250285a1510.pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbteleco.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	250285a1610 .pdf

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com

<711>

[illegible]

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtel.co.com

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homerecbtelco.com

Yes

Voice services rate comparability certification

<1000>

250285all1010.pdf

 <1010> Attach detailed description for voice services rate
comparability compliance

Name of Attached Document

 Yes - Pricing is no more than the most recent applicable benchmark announced by
the Wireline Competition Bureau

<1020> Broadband comparability certification

250285all1030.pdf

 <1030> Attach detailed description for broadband
comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com

250285a11210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2005) Price Cap Carrier Additional Documentation		FCC Form 481	
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013	
<010> Study Area Code	250285		
<015> Study Area Name	CASTLEBERRY TEL CO		
<020> Program Year	2018		
<030> Contact Name - Person USAC should contact regarding this data	Homer Holland		
<035> Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.		
<039> Contact Email Address - Email Address of person identified in data line <030>	homer@cbtel.co.com		

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund, WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).		
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

(2005) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(iii)(C)

Name of Attached Document Listing
Required Information

(3005) Rate Of Return Carrier Additional Documentation
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
		Yes - Attach Certification
(3010A)	Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i))	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information 250285al3010.pdf
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	No - No New Community Anchors
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<input checked="" type="radio"/> Yes <input type="radio"/> No
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> Yes <input checked="" type="radio"/> No
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input type="radio"/> Yes <input checked="" type="radio"/> No
If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>
If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input checked="" type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input checked="" type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input checked="" type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information Castleberry 2017 Financial Statement.pdf

(3005) Rate Of Return Carrier Additional Documentation (Continued)

Date Collection Form

FD-3 Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbte.lco.com

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

REDACTED - AVAILABLE FOR PUBLIC INSPECTION

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	250285
<015> Study Area Name	CASTLEBERRY TEL CO
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Homer Holland
<035> Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	homer@cbtelco.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	250285
<015> Study Area Name	CASTLEBERRY TEL CO
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Homer Holland
<035> Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	homer@cstelco.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Jackson Thornton</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Jackson Thornton
Name of Reporting Carrier:	CASTLEBERRY TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/30/2017
Printed name of Authorized Officer:	Homer Holland
Title or position of Authorized Officer:	Secretary Treasurer
Telephone number of Authorized Officer:	2519662110 ext.
Study Area Code of Reporting Carrier:	250285 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	CASTLEBERRY TEL CO
Name of Authorized Agent Firm:	Jackson Thornton
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/30/2017
Name of Authorized Agent Employee:	Rich Compton
Title or position of Authorized Agent or Employee of Agent	Senior Manager
Telephone number of Authorized Agent or Employee of Agent:	3342403684 ext.
Study Area Code of Reporting Carrier:	250285 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	250285
<015>	Study Area Name	CASTLEBERRY TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Homer Holland
<035>	Contact Telephone Number - Number of person identified in data line <030>	2519662115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	homer@cbleico.com

1/1/2017	
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	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

<703>

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

Response to Line 510

Pursuant to 47 C.F.R. § 54.313(a)(5) and 47 C.F.R. § 54.422(b)(3), Castleberry Telephone Company, Inc. certifies that it is in compliance with applicable service quality standards and consumer protection rules, including those rules governing the treatment of Customer Proprietary Network Information ("CPNI") and the Red Flag rules. Castleberry Telephone Company, Inc. provides Red Flag and CPNI training to all new employees and conducts annual reviews regarding Red Flag and CPNI procedures for all existing employees. All company employees are required to acknowledge that they have completed CPNI and Red Flag training and understand their obligations regarding adherence to these rules. Castleberry Telephone Company, Inc. requires all customers to sign up for service in person. At that time they are informed that Castleberry Telephone Company, Inc. cannot disclose any information without a government issued picture ID. If a customer is contacting Castleberry Telephone Company, Inc. by phone, they must be an authorized customer on that account and have the PIN number on the bill. This information is also printed in the phone directory.

Response to Line 610

47 CFR 54.202(a)(2) provides that, to be designated as an ETC, a carrier must demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

Functionality in Emergency Situations:

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4), as set forth in 47 C.F.R. § 54.202(a)(2), Castleberry Telephone Company, Inc. meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to Castleberry Telephone Company, Inc.'s central office by a 56 kilowatt LP powered generator with fuel to run for 3 days (tanks can be refilled) and battery plant capable of powering the central office for over 8 hours. Castleberry Telephone Company, Inc.'s remote digital concentrators and field gear have emergency stand-alone capabilities as well as portable generators that allow for customers to continue to receive dial tone during any emergency outages. Castleberry Telephone Company, Inc. also has multiple fibers to each remote digital concentrator in its network and further has the capabilities to reroute traffic should its facilities become damaged. Castleberry Telephone Company, Inc. is prepared and capable of managing traffic spikes resulting from emergency situations. Castleberry Telephone Company, Inc. has developed internal emergency procedures to properly respond to emergency situations as they arise.

Castleberry Telephone Company, Inc. (SAC – 250285)
Demonstration of Complying with Voice Services Comparability

Castleberry Telephone Company hereby certifies that its fixed voice service is no more than two standard deviations above the national average urban rate for voice service, as published annually by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(10). The Company has a fixed voice service rate of \$16.30 which is far less than the national average monthly rate of \$49.51.

Castleberry Telephone Company, Inc. (SAC – 250285)
Demonstration of Complying with Broad Services Comparability

Castleberry Telephone Company hereby certifies that its broadband service is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau, as required in 47 C.F.R. § 54.313(a)(12). Castleberry Telephone Company was not able to offer this service in 2016. However, the Company began offering broadband service with 10 Mbps download and 1 Mbps upload speed on April 25, 2017. The broadband service does come with unlimited use at a rate of \$59.99, which is less than the benchmark rate of \$77.98 for the same service as computed by the FCC's reasonable comparability benchmark calculator.

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CASTLEBERRY TEL CO

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CASTLEBERRY TELEPHONE CO., INC.

P. O. BOX 37
CASTLEBERRY, ALABAMA 36432
PHONE 966-2110

9-25-13

Rates: Local rate is \$16.30, Federal Lifeline discount is \$9.25

See below terms, which are posted in company lobby. As listed below, no toll service is offered through Castleberry Telephone Company.

Line 1210 We have to choose option 1.

Local calling is not metered.

We do not have EMS. We do not sell long distance service. Our customers must contact IXC's, and select long distance plans they offer.

Attached
5-6/6-6

- We require anyone applying for Lifeline service to present
- a pictured government issued ID
 - answer all questions on the application
 - sign the application
 - present proof of the benefit claimed (documentation)

IF the applicant is handicapped or bed ridden, and can not apply in person I will go to the premises to verify.

* Certification provided by Wilkerson & Bryan dated June 1, 2012. Copy probably available in electronic format from them.

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**CASTLEBERRY TELEPHONE COMPANY, INC.
LIFELINE RATE ASSISTANCE CERTIFICATION**

Assigned Telephone Number: _____

Assigned Customer/Member/Account Number: _____

ELIGIBILITY FOR LIFELINE ASSISTANCE IN ALABAMA IS DEPENDENT UPON MEETING EITHER
THE INCOME-BASED REQUIREMENT OR THE PROGRAM-BASED REQUIREMENT LISTED BELOW.

1. _____ I hereby certify that my annual household income is at or below 135% of the Federal Poverty Guidelines for a household of its size.

I understand that a "household" may be a single individual; a household may also be a group of people who are living together at the same address and are sharing in the household's income and expenses. A household may include related and unrelated persons.

_____ I certify that there are presently _____ members in my household, including me.

I have provided a copy of the following documentation in support of my statements regarding the amount of my annual household income (Acceptable documentation includes the prior year's state or federal tax return; current income statement from an employer or paycheck stub; a Social Security statement of benefits; a Veterans Administration statement of benefits; a retirement/pension statement of benefits; an Unemployment/Workers' Compensation statement of benefit; federal notice letter of participation in General Assistance; or a divorce decree, child support award, or other official document containing income information. If the documentation does not cover a full year, such as current pay stubs, the applicant must present the same type of documentation covering three consecutive months within the previous twelve months):

Reviewed by: _____

2. _____ I hereby certify that I, my dependent who lives in my household or another resident of my household participate(s) in:

____ Medicaid
____ Supplemental Nutrition Assistance Program (SNAP)
____ Supplemental Security Income (SSI)
____ Federal Public Housing Assistance (FPHA)
____ Veterans and Survivors Pension Benefit

I have provided a copy of the following documentation in support of my statements regarding participation in one or more of the above-listed assistance programs (Acceptable documentation includes the current or prior year's statement of benefits from a qualifying assistance program, a notice or letter of participation in a qualifying assistance program, program participation documents, or another official document demonstrating that the applicant, one or more of the applicant's dependents or the applicant's household receives benefits from a qualifying assistance program):

Reviewed by: _____

PENALTY OF PERJURY

Under Title 18 U.S.C. §1621, whoever will state as true any material matter which he does not believe to be true in a statement under penalty of perjury, is guilty of perjury and shall, except as otherwise expressly provided by law, be fined or imprisoned not more than five years, or both.

I hereby certify under penalty of perjury by initialing in each of the spaces provided below that:

_____ I understand and acknowledge that Lifeline Assistance is a federal government benefit program and that willfully making false statements or providing false or fraudulent documentation in order to obtain the benefit is punishable by law and can result in fines, imprisonment, de-enrollment or being barred from the program.

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I certify that I meet the income-based or program-based eligibility criteria for receiving Lifeline Assistance, as stated above.

I certify that, to the best of my knowledge, no one at my household is already receiving Lifeline Assistance from any other telephone or wireless (cellular) provider, and I have not enrolled with any other company to receive Lifeline Assistance. I understand that Lifeline Assistance is only available for one telephone or wireless (cellular) line or one broadband Internet access service per household and that my household is not permitted to receive Lifeline benefits from more than one provider.

I understand that the violation of this "one-per-household" rule constitutes a violation of the rules of the Federal Communications Commission and will result in my de-enrollment from the Lifeline Assistance program.

I certify that if I move to a new address, I will provide my new address to the Company within thirty (30) days.

I certify that I will notify the Company within thirty (30) days if I or the qualifying resident of my household no longer satisfy the requirements for receiving Lifeline Assistance, including (1) I or the qualifying resident of my household no longer participate in the government assistance program(s) that qualify me for Lifeline Assistance; (2) my annual household income exceeds 135% of the Federal Poverty Guidelines; (3) I am receiving more than one Lifeline benefit or another member of my household is receiving a Lifeline benefit; or (4) I no longer qualify to receive Lifeline Assistance for any other reason.

I understand that it is a violation of federal law to rent, sell or give away Lifeline Service, and I certify that I will not transfer my service to any other individual, including any person who may be eligible for Lifeline Assistance.

I understand and acknowledge that I may be required to re-certify my continued eligibility for Lifeline Assistance at any time. Failure to re-certify my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

I understand that the personal information on this form will be provided to the Universal Service Administrative Company (USAC), which is responsible for administering the Lifeline program, and/or its agents in order to ensure the proper administration of the Lifeline Program. The information provided to USAC includes my full name, my full residential address, my date of birth, the last four digits of my Social Security Number, the telephone number associated with the Lifeline benefit, the date on which the Lifeline service began, the date on which the Lifeline benefit ended, the amount of support sought by my service provider, and the means through which I qualify for the Lifeline benefit. I hereby consent to the release of that information to USAC. I understand that I will be denied Lifeline Assistance if I do not agree to the release of this information. In the event that USAC finds that my household is receiving more than one Lifeline benefit, in addition to any penalties that may be imposed, I will be de-enrolled from the Lifeline Program.

I understand that if I do not purchase toll limitation service at the time of signing up for Lifeline Assistance, the Company will require a service deposit consistent with its current practice.

APPLICANT'S FULL NAME: _____

APPLICANT'S FULL RESIDENTIAL ADDRESS: _____

THIS ADDRESS IS: _____ TEMPORARY _____ PERMANENT

APPLICANT'S BILLING ADDRESS (IF DIFFERENT): _____

APPLICANT'S DATE OF BIRTH: _____

APPLICANT'S SOCIAL SECURITY NUMBER (LAST 4 DIGITS): _____

I hereby certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge. I have read the information on the Certification and understand that I must meet the above qualifications to receive assistance from the Lifeline Assistance program.

APPLICANT'S SIGNATURE: _____ DATED: _____

**Castleberry Telephone (SAC – 250285) Milestone
Certification**

Castleberry Telephone feels that it has taken reasonable steps as required in 47 C.F.R. § 54.313(f)(1)(i), to provide upon reasonable request broadband service at actual speeds of 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

Castleberry Telephone Company, Inc.

Balance Sheets At March 31, 2017 and 2016

Assets

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

Castleberry Telephone Company, Inc.

Balance Sheets

Liabilities and Stockholders' Equity

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

Castleberry Telephone Company, Inc.

Statements Of Income and Retained Earnings

For the Years Ended March 31, 2017 and 2016

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

Castleberry Telephone Company, Inc.

Statements Of Other Comprehensive Income

For The Years Ended March 31, 2017 and 2016

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

Castleberry Telephone Company, Inc.

Statement Of Cash Flows

For The Years Ended March 31, 2017 and 2016
Increase (Decrease) In Cash and Cash Equivalents

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

Castleberry Telephone Company, Inc.

Notes To Financial Statements

March 31, 2017 and 2016

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

Castleberry Telephone Company, Inc.

Notes To Financial Statements

March 31, 2017 and 2016

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

Castleberry Telephone Company, Inc.

Notes To Financial Statements

March 31, 2017 and 2016

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

Castleberry Telephone Company, Inc.

Notes To Financial Statements

March 31, 2017 and 2016

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

Castleberry Telephone Company, Inc.

Notes To Financial Statements

March 31, 2017 and 2016

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

Castleberry Telephone Company, Inc.

Notes To Financial Statements

March 31, 2017 and 2016

REDACTED – AVAILABLE FOR PUBLIC INSPECTION

Castleberry Telephone Company, Inc.

Notes To Financial Statements

March 31, 2017 and 2016

REDACTED – AVAILABLE FOR PUBLIC INSPECTION